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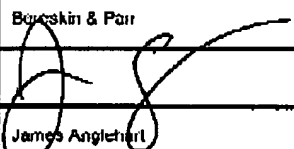
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Approved for use through 07/31/2006, OMB 0851-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b>	Application Number		10/820,723
	Filing Date		April 9, 2004
	First Named Inventor		Denis MARCHAND
	Art Unit		
	Examiner Name		
(to be used for all correspondence after initial filing)			
Total Number of Pages in This Submission	3	Attorney Docket Number	DSM 14863-15

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Bereskin & Parr		
Signature			
Printed Name	James Angichart		
Date	January 13, 2006	Reg. No.	38,796

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Typed or printed name	Nathalie Chatelle	Date	January 13, 2006

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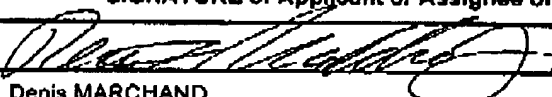
PTO/SB/82 (04-05)

Approved for use through 11/30/2005, OMB 0051-0035

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/820.723
	Filing Date	April 9, 2004
	First Named Inventor	Denis MARCHAND
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DSIM 14863-15

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:			
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners at Customer Number : <span style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px; height: 30px; vertical-align: middle;">1059</span>			
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<input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature			
Name	Denis MARCHAND		
Date	10 janvier 2006	Telephone (514) 987-3000 #0217	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of 2 forms are submitted.			

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PTO/SB/92 (04-05)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/820,723
	Filing Date	April 9, 2004
	First Named Inventor	Denis MARCHAND
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DSTM 14863-15

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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OR  
☒ I hereby appoint the practitioners at Customer Number : 1059

☒ Please change the correspondence address for the above-identified application to:

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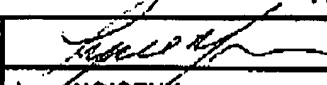
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I am the:

☒ Applicant/Inventor.  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Lyne NOISEUX		
Date	January, 4 <sup>th</sup> 2006	Telephone	514-570-4520

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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